

7/1/98      THERAPIES

- (11a)      Physical Therapy: Services are available for non-EPSDT recipients 21 years of age and older in the outpatient and inpatient hospital settings and in nursing facilities. Refer to the EPSDT section for EPSDT limitations.
- (11b)      Occupational Therapy: Services are available in nursing facilities for non-EPSDT recipients 21 years of age and older. Refer to the EPSDT section for EPSDT limitations.
- (11c)      Speech Therapy: Services are available in nursing facilities for non-EPSDT recipients 21 years of age and older. In addition, for non-EPSDT recipients 21 years of age and older, one initial evaluation for Augmentative and Alternative Communication (AAC) systems and eight (8) 30-minute fitting/adjustment/training sessions for AAC systems are available per person, per device, per year. Refer to the EPSDT section for EPSDT limitations.

Amendment 98-14  
Effective 7/1/98  
Supersedes 93-02  
Approval 10/1/98

NURSE MIDWIVES

10/1/95  
(17)

New patient visits are limited to one per recipient per provider every three years. Subsequent office, home and hospital visits are limited to one per day per recipient except for emergency services. ~~(Nurse midwives are allowed to manage the medical care of patients with low risk diagnosis.~~

C.R. Kasriel - 1/22/96 State Staff  
(Wendy Leaden Johnston) agreed to deletion of last sentence.

Amendment 95-25  
Effective 10/1/95  
Supersedes 93-02

Approval 1-24-96

EXTENDED SERVICES FOR PREGNANT WOMEN

4/1/93

The same services that are offered to any categorically needy recipient, as described in Attachment 3.1-A, are available to women for 60 days after the pregnancy ends. No additional coverage beyond what is provided to the general categorically needy recipient is provided and the group receiving services under this provision are subject to the same service limitations as the general categorically needy recipients as outlined in Attachment 3.1-A.

Ten prenatal obstetrical visits to low risk pregnant women and fourteen visits to high risk pregnant women are provided. Additional visits can be authorized if the Medicaid program medical consultant finds the additional visits medically necessary.

Amendment 93-21  
Effective 4/1/93  
Supersedes 93-02

Approval SEP 20 1993

CERTIFIED PEDIATRIC OR FAMILY NURSE PRACTITIONERS (ARNP):

10/1/95  
(23)

New patient visits are limited to one per recipient per provider every three years. Subsequent office, home and hospital visits are limited to one per day per recipient except for emergency services. Routine physical examinations are provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or Adult Health Screenings.

Amendment 95-26  
Effective 10/1/95  
Supersedes 93-02

Approval 1-24-96

**PRESCRIBED DRUGS:** Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927(a) of the Act which are prescribed for a medically accepted indication. Prescribed drugs in excess of 8 prescriptions per month per recipient in an institution and drugs in excess of 6 prescriptions per month for all other recipients must be authorized by the state agency or its designated agent. As provided by Section 1927 (d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are: DESI drugs; experimental drugs; anorectics (unless prescribed for an indication other than obesity); non-legend drugs (except insulin, aspirin, aluminum and calcium products used as phosphate binders for dialysis patients, sodium chloride for inhalation therapy, and OTC vaginal antifungals that have previously been legend drugs, when prescribed); and any drugs for which the manufacturer has not entered into rebate agreements with the Department of Health and Human Services, the Veteran's Administration and the Public Health Service. Smoking cessation products and cough and cold preparations are not covered services for recipients over age 21. Vitamin and mineral products are covered only under the following circumstances: prenatal vitamins; folic acid as a single entity; fluorinated pediatric vitamins; one vitamin or vitamin/mineral prescription monthly for a dialysis patient; and prescribed ferrous sulfate, gluconate, or fumarate for non-institutionalized patients. (Ferrous sulfate, gluconate, or fumarate are equally available as floor stock to institutionalized patients.) Non-EPSDT recipients 21 years of age and older cannot receive immunizations, except for influenza and pneumococcus vaccines for institutionalized recipients. Drugs must be prescribed and dispensed in accordance with medically accepted indications for uses and dosages.

**Drug Rebate Agreements:** The state is in compliance with section 1927 of the act. Based on the requirements for section 1927 of the Act, the state has the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers' drugs.
- Compliance with the reporting requirements for state utilization information and restrictions to coverage.
- Rebate agreements between the state and a drug manufacturer that are separate from the drug rebate agreements of section 1927 are approved by the Health Care Financing Administration. The state reports rebates from separate agreements.
- Manufacturers are allowed to audit utilization data.
- The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.
- Prior authorization programs provide for a 24-hour turnaround on prior authorization from receipt of request, and at least a 72-hour supply in emergency situations.

Amendment 95-18  
Effective 10/1/95  
Supersedes 93-56

Approved 1-23-96

Rural Health Clinic Services

Services are limited to one visit per day in either a rural health clinic or federally qualified health center. Exceptions will be granted based on medical necessity. For example, a recipient who was seen at a rural health clinic and subsequently experiences an accident or his condition worsens, may seek the necessary additional medical care from the rural health clinic or a federally qualified health center on the same day.

Amendment 92-39  
Supersedes NEW  
Effective 10/1/92  
Approval JUN 4 1993  
Revised Submission 5/7/93

Federally Qualified Health Center Services

Services are limited to one visit per day in either a federally qualified health center or a rural health clinic. Exceptions will be granted based on medical necessity. For example, a recipient who was seen at a federally qualified health center and subsequently experiences an accident or his condition worsens, may seek the necessary additional medical care from the federally qualified health center or a rural health clinic on the same day.

Amendment 92-39  
Supersedes NEW  
Effective 10/1/92  
Approval JUN 4 1993  
Revised Submission 5/7/93

Other Laboratory Services

The recipient must be referred by a physician or other practitioner of the healing arts and the services must be performed in a Clinical Laboratory Improvement Amendment of 1988 (CLIA) certified independent laboratory.

Amendment 92-40  
Supersedes NEW  
Effective 10/1/92  
Approval JUL 30 1993



Other X-Ray Services

The service must be ordered by a physician or other practitioner of the healing arts and must be provided in either:

- (1) a physician's office, including an independent, private, diagnostic x-ray facility; or
- (2) if the recipient is homebound, at the recipients' residence, including an ICF/MR or nursing home.

Amendment 92-40  
Supersedes NEW  
Effective 10/1/92  
Approval JUL 30 1993  
Revised Submission 5/20/93

Licensed Midwives

7/1/97 Prenatal visits are limited to ten, postpartum visits are limited to two, and post delivery home visits are limited to two. Licensed midwives are allowed to manage the care of patients with a low risk diagnosis.

Amendment 97-09  
Effective 7/1/97  
Supersedes 95-20  
Approval 6/14/97